



## V4 Guideline on Terms of Reference for Community Healthcare Organisation (CHO) Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) Committees

Policy  Procedure  Protocol  Guideline

*Insert Service Name(s), Directorate and applicable Location(s):*  
Community Healthcare Organisations

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Version	Date Approved	List section numbers changed	Author
1	August 2017	Initial guidance	Clinical Lead
2	October 2019	Aligned to HSE PPPG Format	AMRIC Division HPSC
3	October 2020	Updated to take on board Community Operations Feedback	Community Operations and AMRIC Division of HPSC
3.1	November 2020	Updated to take on board Community Operations Feedback - Suggested Membership of HCAI&AMS committee	AMRIC Implementation Team
4.0	January 2023	Editorial changes throughout Key updates to section 2	AMRIC Oversight Group and AMRIC Implementation Team

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## **INITIATION**

### **1.1 Purpose**

This document has been developed to support the formation and operation of Community Healthcare Organisation (CHO) Infection Prevention and Control and Antimicrobial Stewardship (IPC&AMS) Committees. The guide is intended to support Chief Officers (CO) in convening committees to support them in fulfilling their responsibility for managing prevention and control of health care associated infection and antimicrobial resistance in the CHO.

The work of the committee should encompass all aspects of health and social care delivery associated with the CHO encompassing both services delivered directly through HSE employees and facilities and those delivered by individuals or agencies contracted to the HSE.

### **1.2 Scope**

#### **1.2.1 Target Users**

This guideline is intended to support Chief Officers and their management team.

#### **1.2.2 Populations to whom this guideline applies**

All individuals accessing services provided by CHOs.

### **1.3 Objectives**

To support the effective governance and coordination of IPC and AMS activities at CHO level in line with national strategic objectives for prevention and control of healthcare associated infection and antimicrobial resistance (AMR).

### **1.4 Outcomes - relating to AMRIC activities**

- Improved patient outcomes
- Improved patient safety
- Staff education and training
- Improved staff safety
- Awareness and deeper understanding of IPC/AMS.

### **1.5 Policy, Procedure, Protocol, Guideline (PPPG) Development Group**

AMRIC Implementation Team

### **1.6 PPPG Development Governance Group**

AMRIC Oversight Group.

### **1.7 Supporting guidelines and standards**

1.7.1 NCEC Guidance on Infection Prevention and Control

1.7.2 'Notification of Infectious Disease Outbreaks to Departments of Public Health in Community Healthcare Settings, Declaration of Outbreak and Closure of Outbreak' March 2019

1.7.3 'Escalation Procedure for Outbreaks/Incidents/Situations of Healthcare Associated Infection' June 2018

1.7.4 National Standards for Infection Prevention & Control in Community Services, HIQA 2018

1.7.5 AMRIC Clinical Guidance including COVID-19 clinical guidance updated regularly and available online at [www.hpsc.ie](http://www.hpsc.ie)

## **1.8 Abbreviations used in this guideline**

AMRIC – Antimicrobial Resistance and Infection Control

AMR - Antimicrobial Resistance

AMRO - Antimicrobial Resistant Organisms

AMS - Antimicrobial Stewardship

CO - Chief Officer

CHO - Community Healthcare Organisation

CPE - Carbapenemase producing Enterobacteriales

HCAI – Healthcare Associated Infection

IPC – Infection Prevention and Control

HSE – Health Service Executive

TOR – Terms of Reference

## **2.0 DEVELOPMENT OF PPPG**

This guideline replaces V3.1 Guideline on Terms of Reference for Community Healthcare Organisation (CHO) Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS) Committees.

This document reflects review of the guidance in the context of experience and feedback since issue of the draft TOR and changes in HSE structures related to governance of IPC and AMS.

The outline terms of reference are intended to support COs in developing TORs for Community Healthcare Organisation-level IPC and AMS Committees.

Healthcare Associated Infection (HCAI) is defined in the HSE corporate risk register as “*harm to service users / patients as a result of acquiring an infection due to the process of healthcare delivery*”.

A significant proportion of HCAI can be prevented by following certain practices including consistent implementation of standard precautions, transmission based precautions (as required), measures to prevent device-related infection, immunisation and early detection and management of cases and outbreaks of infection.

Healthcare-related spread of Antimicrobial Resistant Organisms (AMROs) is defined in the HSE corporate risk register as “*harm to service users / patients due to the emergence and spread of AMRO’s (for example Carbapenemase producing Enterobacteriales (CPE)) as a result of contact with the healthcare services.*”

HCAI and AMR are connected. Healthcare associated infection results in increased antimicrobial use to treat such infection. Antimicrobial use and other aspects of health care delivery may facilitate emergence and spread of AMRO's. AMRO's may then cause difficult to treat HCAI resulting in further antimicrobial use and increasing antimicrobial resistance.

## **2.1 Purpose of the Community Health Organisation IPC & AMS Committee**

The CHO IPC & AMS Committee is an advisory body. Governance in relation to IPC and AMS is through the Chief Officer in the CHO.

The purpose of the CHO IPC & AMS committee is to support the CO in the development of IPC and AMS services and structures in the community and to prioritise the use of these resources in line with national strategic objectives for HCAI/AMR.

The work of the committee should encompass all aspects of health and social care delivery associated with the CHO encompassing services delivered directly through HSE employees and facilities and to advise and provide information to those delivered by individuals or agencies contracted to the HSE.

## **2.2 Key functions of the Community Health Organisation IPC & AMS committee**

- 2.2.1 Receive and review periodic reports from CHO services regarding IPC and AMS risk, issues arising and related activities.
- 2.2.2 Advise the CO on all aspects of IPC and AMS.
- 2.2.3 Promote and advance the importance of IPC and AMS in community health and social care settings.
- 2.2.4 Promote adherence to AMRIC, Public Health, Occupational Health, and HPSC Guidance and National Immunisation Guidelines.
- 2.2.5 Maintain linkage between the CHO IPC and AMS Team and the national Community Quality and Patient Safety IPC/AMS Team liaising and the AMRIC Implementation Team.
- 2.2.6 Support the CHO IPC /AMS Team to establish and implement their annual IPC and AMS work plan aligned to the HSE 2022-2025 AMRIC Action Plan and the Irish National Antimicrobial Action Plan. The work plan should take account of national strategic AMRIC objectives and the National Standards for Infection Prevention & Control in Community Services, HIQA 2018 to address:
  - IPC Link Practitioner Programme implementation
  - Delivery of face to face hand hygiene training for clinical and non-clinical staff and ensuring that training uptake is recorded
  - Monitoring of the HCAI/AMR/Antibiotic Consumption minimum dataset in HSE RCFs for Older Persons
  - Antimicrobial consumption
  - Training delivered by IPC and AMS staff
  - Audit in relation to IPC and AMS
  - Enhancement of IPC and AMS capacity

- Implementation of targeted infection prevention and control and antimicrobial stewardship projects
  - Co-ordination of IPC and AMS activity across services in the CHO
  - Sharing of learning across CHO services.
- 2.2.7 Review reports on outbreaks, audits and other exceptional events and prevalence studies including the Point Prevalence Survey of Healthcare-Associated Infections & Antimicrobial Use in Long-Term Care Facilities (HALT) and support implementation of related recommendations.
- 2.2.8 Review inspection report findings from regulators, which relate to IPC and AMS in order to support implementation of actions that enable compliance with standards and regulations.
- 2.2.9 Review IPC & AMS issues for the CHO risk register.
- 2.2.10 Establish working groups to lead on specific elements of infection prevention and control and antimicrobial stewardship as required.
- 2.2.11 Access and invite clinical expertise to the committee and working groups as required.

### **2.3 Composition and operation of the committee**

The Chair of the committee should be the CO or their designated senior manager. The Co-Chair should be a person at senior management level that deputises for the Chair for other purposes during absences.

### **2.4 Suggested Membership of HCAI&AMS committee should include (where available):**

- Chief Officer
- Head of Service, Quality, Safety and Service Improvement (QSSI)
- Directors of Nursing
- Head of Service for each service area including Primary Care, Mental Health, Disability, Older Persons, Health & Wellbeing
- Consultant in Public Health Medicine
- Consultant Microbiologist (where available)
- CHO Senior Antimicrobial Pharmacist
- CHO Epidemiologist (where appointed)
- CHO Assistant Director of Nursing, IPC
- Community Support Team representative
- Principal Medical Officer
- General Practitioner
- Principal or Senior Dentist
- Representative of relevant acute hospital services
- Estates manager
- Maintenance manager
- Service user representative
- Administrative support.

### **2.5 Quorum, frequency and operation of meetings**

Meetings will normally be quarterly. The Chair may convene additional meetings as required.

The quorum necessary for a meeting to proceed is as follows:

- Chair or Co-Chair.
- An Infection Prevention and Control professional and
- A Senior Antimicrobial Pharmacist.

If a meeting is cancelled, it should be rescheduled.

The engagement of the CO, Infection Prevention and Control professional and Antimicrobial Pharmacist are critical to the successful operation of the committee.

## **2.6 Accountability and reporting**

The committee is accountable to the CO of the Community Healthcare Organisation.

## **2.7 Administration of IPC and AMS committee**

The person providing administration support will be responsible on behalf of the Chair for:

- Scheduling and organising meetings of the committee.
- Circulating the agenda and minutes.

## **2.8 Suggested agenda items**

1. Apologies
2. Approval of the minutes from the previous meeting
3. Matters arising
4. Updates from each service area
5. Update on annual IPC and AMS plan & report
6. Updates from Subgroups
7. Key Performance Indicators / Outbreaks / Incidents / Complaints
8. New policies/guidance for implementation
9. Any other business

## **2.9 Outputs and performance monitoring**

Minutes of the committee meetings will be formally recorded and circulated to all committee members.

## **3.0 GOVERNANCE AND APPROVAL OF THIS GUIDELINE**

- AMRIC Implementation Team.
- AMRIC Oversight Group.

## **4.0 COMMUNICATION AND DISSEMINATION**

- This guideline is circulated through the Community Operations Office to all CO's and General Managers,
- This guideline is also available on line [www.hse.ie/infectioncontrol](http://www.hse.ie/infectioncontrol).

## **5.0 IMPLEMENTATION**

Implementation of this guideline is the responsibility of all CHO Chief Officers.

## **6.0 MONITORING, AUDIT AND EVALUATION**

The learning from this guideline should be shared with relevant professionals at team meetings. The functionality of this committee should be reviewed annually.

## **7.0 REVISION/UPDATE**

The AMRIC Implementation Team.

## **8.0 References**

See supporting guidelines and standards 1.7.

ENDS